



K A N S A S

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BOARD OF EMERGENCY MEDICAL SERVICES

The following document is the culmination of Board process of reviewing regulations as approved during the June 2008 regular Board meeting.

The regulations were approved by the Kansas Board of Emergency Medical Services (K.S.A. 65-6102, 65-6111) on August 1, 2008. After that approval, Board staff was directed to send this document to the following individuals:

- Regional Councils
- Medical Directors
- General Public

The Regional Councils will be utilized as the “collectors” of comments to be presented to the Board (by Board Staff) during an upcoming October 2008 Meeting. In your comments, please include the following information:

- KAR in which you are referencing
- The reason/concern of your comments
 - Legal
 - Operational
 - Medical
 - Financial
 - Other
- The change you propose

The deadline for comments is SEPTEMBER 5, 2008. The deadline is in place to allow Board staff to collect all appropriate comments and present those to the Board for review and FINAL approval before the official state process (which includes 60 day notice of public comment) begins. Please see <http://www.da.ks.gov/lgl/ppmlegal.pdf> for the “Policy and Procedure Manual for the filing of Kansas Administrative Regulations”.

The document as presented is PROPOSED FOR REVIEW. Meaning, the document is PROPOSED FOR REVIEW until the October Board meeting in which the Board will give final approval. Once and if final approval is given by the Board, the timeline outlined within the “Policy and Procedure Manual for the filing of Kansas Administrative Regulations” will begin (i.e. the official State of Kansas filing of KAR process).

Robert Waller
Executive Director

Draft 1 of 1/June 26, 2008

109-2-1 Service director. (a) Each operator shall designate a person as the service director. Beginning (date) such new designee shall be licensed to practice medicine and surgery, a licensed physician's assistant, a licensed nurse practitioner, a licensed professional nurse, a certified EMT, a certified EMT-I, a certified EMT-D, a certified EMT-I/D, or a certified MICT, such credential having been granted by the state of Kansas. The service director shall be responsible for the operation of the ambulance service, and The service director or designee shall be available to the board by telephone twenty four hours a day regarding permit, and regulatory, and emergency matters.

(b) Each service director shall notify the board of the addition of an attendant or the removal of an attendant from the attendant roster within 90 days of such addition or deletion.

(c) Each operator shall notify the board of any change in the service director within 30 days of the change.

“(d) Each operator shall notify the board of any known resignation of a medical advisor once known and plans for securing a new medical advisor. Service will be responsible for submitting written notification of change in the medical advisor within thirty days of the change.”

(Authorized by K.S.A. ~~1995 Supp.~~ 65-6110 and 65-6111; implementing K.S.A. 65-6110, 65-6112 (f) and 65-6130 ~~65-6127~~; effective May 1, 1985;

amended July 17, 1989; amended Jan. 31, 1997; amended P-

_____.)

Proposed for Review

109-2-2 Application for ambulance service permit and ambulance

vehicle license; permit renewal and license renewal. (a) (1) An

applicant may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. Each applicant shall indicate the class of service for the permit requested as ALS, BLS, PTS or AIR.

(2) An applicant may apply for only one ambulance vehicle license for each ambulance that the applicant seeks to operate. In addition to the information required by K.S.A. 65-6127, and amendments thereto, the applicant shall submit a copy of the medical protocols to be kept on file at the board office. Each applicant shall indicate ~~the type~~ the class of ambulance for ~~the~~ each license requested as ALS, BLS, PTS or AIR.

(b) All ambulance service permit and ambulance vehicle license application and renewal forms shall be submitted ~~on the original forms in a format provided~~ required by the administrator Executive Director. Copies, facsimiles, electronic filings, and other reproductions of the application or renewal forms shall not be accepted.

(c) (1) Except as provided in paragraph (c) ~~(2)-(3)~~, each ambulance service permit and ambulance vehicle license shall expire on April 30 of each year and may be renewed annually in accordance with this regulation.

(2) With each renewal application an operator shall submit a copy of any medical protocols approved in accordance with K.S.A. 65-6112(n) and amendments thereto that have been created or revised since the original or previous renewal of service permit.

~~(2)~~ (3) If the board receives an a complete application for renewal of an ambulance service permit or an ambulance vehicle license on or before April 30, the existing ~~ambulance service permit~~ or license shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review of the board's action or a later date fixed by the reviewing court.

~~(d) Each application for renewal of an ambulance service permit and for renewal of an ambulance vehicle license shall be provided to the administrator no later than 30 days before expiration of the permit and license.~~

~~(e)~~ (f) If the board receives an insufficient initial application or renewal application for an ambulance service permit or ambulance vehicle license, the applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.

~~(f)~~ (g) An application for ambulance service permit or permit renewal shall be deemed sufficient when both of the following conditions are met:

(1) The applicant or operator completes all forms provided with the application for ambulance service permit or permit renewal, and no additional information is required by the board to complete the processing of the application.

(2) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal.

~~(g)~~ (h) An application for ambulance vehicle license or license renewal shall be deemed sufficient when both of the following conditions are met:

(1) The applicant or operator completes all forms provided with the application for an ambulance vehicle license or license renewal, and no additional information is required by the board to complete the processing of the application.

(2) The applicant or operator submits payment of the fee in the correct amount for each ambulance vehicle. (Authorized by K.S.A. 1999 Supp. 65-6110 and K.S.A. 1999 Supp. 65-6111; implementing K.S.A. 65-6110, 65-6127 and 65-6128, as amended by L. 2000, Ch. 117, § 4; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended P-_____.)

Draft 1 of 1/March 11, 2008

109-2-4 Operator's responsibilities and display Display of permits,

licenses, and certificates. (a) ~~Each operator shall prominently display~~

~~the ambulance service permit at the service's administrative office.~~

(b) (a) Each operator shall maintain a current list of the service's attendants, and shall maintain a current copy of each attendant's Kansas certification or renewal card.

(c) (b) Each ambulance shall have the ambulance license prominently displayed in the patient compartment. (Authorized by and implementing K.S.A. ~~1995 Supp. 65-6110, and 65-6111, ; implementing K.S.A. 65-6110~~ ~~65-6127 and 65-6128~~; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended P-_____.)

Draft 1 of 1/March 11, 2008

109-2-5 Ambulance service operational standards. (a) Each

~~ambulance service in a county which has been assigned to the emergency medical services communications system by the board and which operates ambulances that are required to~~ shall ~~have direct, two-way-radio communications shall fully participate in the operation and maintenance of that communications system~~ with the destination medical care facilities to which the service most commonly transports patients and the service's primary communication center.

~~(b) No person who boards an ambulance shall carry on board or wear any firearm, whether concealed or visible while the ambulance is operating in any patient transport function within the state. However, the prohibition shall not apply to law enforcement officers as defined in K.S.A. 74-5602 or corrections officers as defined in K.S.A. 75-5202.~~

~~(c) (b)~~ Smoking shall be prohibited in the patient and driver compartments at all times.

~~(d) (c)~~ Each operator shall ~~clean and maintain~~ ensure that ~~in good working order the interior and exterior of the ambulance~~ is maintained in a clean manner and any that all medications, and medical supplies and equipment within the ambulance are maintained in good working order and within applicable expiration dates. ~~except when the vehicle has been placed "out of service."~~

~~(e)~~ (d) Each operator shall ~~use~~ ensure that freshly laundered linen or disposable linen on cots and pillows are used, and the linen shall be ensure that the linen is changed after each patient is transported.

~~(f)~~ (e) When an ambulance has been utilized to transport a patient known or suspected to have an infectious disease, the operator shall ensure that ~~disinfect~~ the interior of the ambulance, any equipment used, and all contact surfaces are disinfected according to the service's infectious disease exposure plan. The operator shall place the ambulance "out of service" until a thorough cleansing is conducted disinfection according to the plan has been completed.

~~(g)~~ (f) Each operator shall ensure all items and equipment in the patient compartment that may be potentially harmful to the patient or attendant are place in cabinets or properly secure all equipment in the patient compartment while the vehicle is in motion. Ssecured when such items are not in use for patient care.

~~(h)~~ (g) Each ground ambulance applicant for an ambulance license shall receive obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or from a certified mechanic prior to December 1st of each year for each ambulance within 90 days prior to the date of original application or renewal application. Each operator shall provide ~~a report of~~ the inspection results

to the board on forms provided by the ~~administrator~~ Executive Director with the application for renewal. ~~An operator shall correct all deficiencies determined by the inspection prior to submitting the inspection form.~~ In order for an ambulance license to be granted or renewed, the mechanical safety inspection forms shall not contain any deficiencies that would compromise the safe transport of patients.

(~~h~~) (h) Each ~~operator~~ applicant shall submit the mechanical and safety inspection forms to the board with the application for a permit to operate an ambulance service and for an ambulance vehicle licensure license or renewal of an ambulance service permit or ambulance license.

(~~i~~) (i) Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at no less than 50 degrees Fahrenheit. Each operator shall ensure that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a clean, secure, and safe manner.

(~~k~~) (j) Each licensed ambulance shall meet all regulatory requirements for the ambulance license ~~type~~ class, except when the operator has notified the ~~administrator~~ Executive Director that the ambulance is out of service.

~~(l)~~ (k) An operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days and may be approved for additional time by the administrator.

~~(m)~~ (k) If an operator has only one licensed ambulance, and this ambulance is out of service is unable to provide service for more than 24 hours due to mechanical failure, maintenance, or repair, the operator shall notify the administrator Executive Director and submit an alternative plan, in writing, for providing ambulance service for the operator's primary territory of coverage. The alternative plan shall be subject to approval by the administrator Executive Director and shall remain in effect no more than ~~45~~ 30 days from the date of approval. Approval by the Executive Director will be based on whether the alternate plan will provide sufficient coverage to transport and provide emergency care for persons within the operator's primary territory. The Executive Director may approve a written request for one or more extensions of the alternative plan for no more than thirty days each if the operator has made a good faith effort but due to circumstances beyond the operators control has been unable to completely remedy the problem.

~~(n)~~ (l) Each operator shall have a telephone with an advertised emergency number which is answered by an attendant or other person designated by the operator 24 hours a day. Answering machines shall not be permitted.

~~(e)~~ (m) Each operator shall ~~maintain a place of business at an identified street address where~~ produce the ambulance service permit, and service records ~~is posted upon request during an inspection and service records are kept.~~

~~(p)~~ (n) Each operator shall produce documentation ~~maintain a current call schedule or duty roster for two years~~ which demonstrates compliance with K.S.A. 65-6135, and amendments thereto, and produce those records upon request during an inspection or investigation. The ~~duty roster~~ documentation shall reflect appropriate staffing for the service and ambulance type class ~~as defined in~~ compliance with K.A.R. 109-2-6 and 109-2-7.

~~(q)~~ (o) Each operator shall ensure that documentation ~~A patient care report form shall be~~ is completed for each patient receiving pre-hospital assessment, care or transportation either to or from a medical facility. Each operator shall furnish a completed copy or copies of each patient care report form to the board on request.

~~(r)~~ (p) Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, ~~patient's name,~~ agency or person calling, nature of call and disposition of each patient.

~~(s)~~ (q) Each operator shall maintain a copy of each patient care ~~record~~ documentation for a period of not less than ~~three~~ two years.

~~(t) An attendant shall leave a copy of the a patient care~~
~~documentation report form for each patient transported by ambulance at~~
~~the hospital medical care facility receiving the patient.~~

~~(u) (r) In the event that aAn attendant is unable to complete a~~
~~patient care report form before leaving the receiving hospital medical care~~
~~facility, an attendant shall provide make available or grant access to a~~
~~copy of the a patient care report form documentation to the receiving~~
~~hospital facility within 24 hours of the patient's arrival.~~

~~(v) (s) Each publicly subsidized operator shall provide the~~
~~following statistical information to the board before March 1st of each~~
~~calendar year with the application for renewal of a permit:~~

(1) the number of emergency and non-emergency ambulance
responses and the number of patients transported for the previous
calendar year;

(2) the operating budget, and tax subsidy if any;

(3) the charge for emergency and non-emergency patient
transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

~~(w) (t) Each operator shall provide a quality improvement or~~
~~assurance program which establishes medical review procedures for~~
~~monitoring patient care activities. This program shall include policies and~~
~~procedures for reviewing patient care report forms. Each operator shall~~

review patient care activities ~~on at least a quarterly basis~~ one time during each quarter of each calendar year to determine whether the service's attendants are providing appropriate patient care.

(1) Review of patient care activities shall include quarterly participation by the service's medical advisor in a manner that assures the medical advisor is meeting the requirements of K.S.A. 65-6126, and amendments thereto.

(2) Each operator shall, upon request, provide documentation to the ~~administrator~~ Executive Director or the ~~administrator's~~ Executive Director's designee demonstrating that the operator is performing patient care reviews and that the medical advisor is reviewing, monitoring, and verifying the activities of the attendants pursuant to K.S.A. 65-6126 and amendments thereto by the medical advisor's electronic or handwritten signature.

(3) Each operator shall ~~maintain~~ ensure that documentation of all medical reviews of patient care activities is maintained for at least two years.

(4) Within 45 days of discovery of an incident each operator shall ~~have the duty to~~ report to the board on forms approved by the board any ~~finding~~ incident indicating that an attendant or other health care provider functioning for the operator:

(A) acted below the applicable standard of care, and because of such action, had a reasonable probability of causing injury to a patient; or

(B) acted in a manner which may be grounds for disciplinary action by the board or ~~appropriate~~ other applicable licensing agency.

~~(x)~~ (u) As a condition of issuance of an ambulance service permit,
Each ~~each~~ ambulance service operator shall provide with the application
documentation of ~~developed and implemented~~ operational protocols
policies which shall have a table of contents and address policies and
procedures for each of the following topics:

- (1) radio and telephone communications;
- (2) inter-hospital facility transfers;
- (3) emergency driving and vehicle operations;
- (4) do not resuscitate orders (DNR), durable powers of attorney
for health care decisions, and living wills;
- (5) multiple victim and mass casualty incidents;
- (6) hazardous material incidents;
- (7) infectious disease exposure;
- (8) crime scene management;
- (9) documentation of patient reports;
- (10) consent and refusal of treatment; ~~and~~
- (11) firearms;
- (12) mutual aid agreements

(13) patient confidentiality;

(14) extrication of persons from entrapment; and

~~(11)~~ (15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service. During any inspection or investigation upon request an ambulance service operator shall provide the operational policies to the Executive Director for review.

~~(y) Each air ambulance service operator shall develop an air safety training program for all regularly scheduled air medical personnel by July 1, 1997. The program shall be tailored to the air ambulance service's specific needs and approved by the service's air medical advisor. The program shall include the following:~~

~~(1) air medical and altitude physiology;~~

~~(2) aircraft orientation, including specific capabilities, limitations,~~

~~and~~

~~safety measures for each aircraft used;~~

~~(3) depressurization procedures for fixed-wing aircraft;~~

~~(4) safety in and around the aircraft, including FAA rules and~~

~~regulations~~

~~pertinent to safety for all air medical personnel, patients, and lay~~

~~individuals;~~

~~(5) rescue and survival techniques appropriate to the terrain and the conditions under which the air ambulance service operates;~~

~~(6) hazardous scene recognition and response for rotorwing aircraft;~~

~~(7) aircraft evacuation procedures, including rapid loading and unloading of patients;~~

~~(8) refueling procedures for normal and emergency situations;~~
~~and~~

~~(9) in-flight emergencies and emergency landing procedures.~~

~~(z) Each air ambulance service operator shall maintain documentation demonstrating the initial completion and annual review of the air safety training program for all regularly scheduled air medical personnel, and shall provide this documentation to the board on request.~~

~~(aa) Each air ambulance service operator shall, by July 1, 1997, provide an informational publication which promotes the proper use of air medical transport. This publication shall be provided, on request, to all ground-based ambulance services, law enforcement agencies, and hospitals which use the air ambulance service. Each manual shall address the following topics:~~

~~(1) availability, accessibility, and scope of care of the air ambulance service;~~

~~(2) capabilities of air medical personnel and patient care modalities~~

~~afforded by the air ambulance service;~~

~~(3) patient preparation before air medical transport;~~

~~(4) landing zone designation and preparation;~~

~~(5) communication and coordination between air and ground medical personnel; and~~

~~(6) safe approach and conduct around the aircraft.~~

~~(bb) (v) Each ambulance service operator shall develop~~ adopt
and implement medical protocols as developed and approved in
accordance with K.S. A. 65-6112 (n) and amendments thereto. ~~4) Each~~
~~operator's medical protocols shall receive annual written approval by the~~
~~emergency committee of the county medical society.~~

~~(2) In those counties where there is no emergency committee of~~
~~the county medical society, medical protocols shall be approved by the~~
~~medical staff of the hospital to which the ambulance service primarily~~
~~transports patients.~~

~~(cc) (w) Each operator's medical protocols shall include~~ a table of
contents and treatment procedures for the following medical and trauma-
related conditions for pediatric and adult patients:

(1) diabetic emergencies;

(2) shock;

- (3) environmental emergencies;
- (4) chest pain;
- (5) abdominal pain;
- (6) respiratory distress;
- (7) obstetrical emergencies;
- (8) poisoning and overdoses;
- (9) seizures;
- (10) cardiac arrest;
- (11) burns;
- (12) stroke ~~(CVA)~~, also known as "CVA";
- (13) chest injuries;
- (14) abdominal injuries;
- (15) head injuries;
- (16) spinal injuries;
- (17) multiple systems trauma;
- (18) orthopedic injuries;
- (19) drowning; and
- (20) anaphylaxis.

~~(dd)~~ (x) Each service operator shall make available a current copy of the service's operational ~~protocols~~ policies and medical protocols to any person listed as an attendant and any other healthcare provider on the service's attendant roster. (Authorized by and implementing K.S.A. 1995

~~Supp. 65-6110, and 65-6111, ; implementing K.S.A. 65-6113, 65-6128 65-~~
1110, 65-6112, 65-6126 and 65-6130, 65-6132 and 65-6135; effective
May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1,
1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31,
1997; amended P-_____.)

Proposed for Review

Draft 1 of 1/March 11, 2008

109-2-6 Classes of ground ambulance services. Permits shall be issued for three classes of ground ambulance service. These classes shall be known as ~~type-I~~ Advance Life Support Service (ALS), ~~type-II~~ Basic Life Support Service (BLS), and Patient Transport Service (PTS).

(a) Each ~~type-I~~ ALS service operator shall:

(1) provide advanced life support as defined in K.A.R. 109-1-1

(2) have at least one ALS licensed ambulance which meets all requirements of K.A.R. 109-2-8. Each ~~type-I~~ ALS service operator may also operate ~~type-II~~ BLS licensed ambulances;

(3) maintain a staff of currently certified ~~mobile intensive care technicians and emergency medical technicians~~ attendants and medically trained personnel which is adequate to meet all applicable requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances which ensures that an ambulance leaves the station within an annual average of five minutes of the time an emergency call is received .

(b) Each ~~type-II~~ BLS service operator shall:

(1) provide basic life support as defined in K.A.R. 109-1-1;

(2) have at least one licensed ambulance which meets all requirements of K.A.R. 109-2-8;

(3) maintain a staff of currently certified ~~emergency medical technicians attendants and medically trained personnel~~ which is adequate to meet all requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances which ensures that an ambulance leaves the station within an annual average of five minutes of the time an emergency call is received.

(c) Each ~~type II~~ BLS service operator may provide advanced life support as ~~described in K.S.A. 65-6123, 65-6120 and 65-6119~~ when consistent with approved by medical protocols or when in direct voice contact with a physician or a licensed professional nurse or a physicians assistant who is authorized by a physician.

~~—(d) Each type V service operator shall:~~

~~—(1) provide critical care transport as defined in K.A.R. 109-1-1;~~

~~—(2) not be subject to public call, as defined in K.A.R. 109-1-1 (b);~~

~~—(3) have at least one ground that or air ambulance which meets all requirements of either K.A.R. 109-2-11, K.A.R. 109-2-12 or K.A.R. 109-2-13 as applicable;~~

~~—(4) licensed only type V ambulances;~~

~~—(5) license rotorwing aircraft, fixed wing aircraft or ground-based vehicles as ambulances;~~

~~—(6) have a staff which is adequate to provide the level of care described in paragraph (l) of this subsection and as described in K.A.R. 109-2-7;~~

~~—(7) have a method of receiving and relaying calls that ensures that any request for emergency response is immediately and properly relayed to the nearest type I or type II ambulance service; and;~~

(d) Each patient transport service (PTS) shall:

(1) not be subject to public call, as defined in K.A.R. 109-1-1 (b);

(2) have at least one ground ambulance that meets the requirements of K.A.R. 109-2-8

(3) maintain a staff of currently certified emergency medical services attendants which is adequate to meet all requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances.

~~(8) have all air and ground ambulance inter-facility transports reviewed and approved by the services medical advisor prior to transport, or conducted in accordance with the services medical and operational protocols. (Authorized by K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 1995 Supp. 65-6110, K.S.A. 65-6128, and 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997.)~~

Draft 1 of 1/March 11, 2008

109-2-7 Ground ambulance staffing and air ambulance staffing. Licenses shall be issued for three types of ambulance vehicles and aircraft. These ambulances shall be known as type I ALS, type II. Each service operator shall staff each licensed ground ambulance shall be staffed in accordance with these regulations.

(a) Each ~~type I~~ ALS service operator shall staff each ~~type I~~ ALS ambulance with at least ~~two~~ one attendants attendant. In addition, one of the following medically trained personnel shall provide patient care in the patient compartment during patient transport;

(1) ~~At least one attendant shall be an emergency medical technician – intermediate or above.~~

(1) ~~At least one attendant shall be one of the following medical personnel:~~

~~(A)~~ (2) a mobile intensive care technician;

~~(B)~~ (3) a physician;

~~(C)~~ (4) a registered physician's assistant; or

~~(D)~~ (5) a licensed professional nurse.

(2) ~~The second attendant may be any of the following:~~

~~(A)~~ a first responder

~~(B)~~ an emergency medical technician;

~~(C)~~ an emergency medical technician intermediate;

~~(D) an emergency medical technician defibrillator;~~

~~(E) a mobile intensive care technician;~~

~~(F) a physician;~~

~~(G) a registered physician's assistant; or~~

~~(H) a licensed professional nurse.~~

(b) Each ~~type-I~~ ALS and ~~type-II~~ BLS service operator shall staff each ~~type-II~~ BLS ambulance with at least ~~two~~ one attendant. In addition, one of the following medically trained personnel shall provide patient care in the patient compartment during patient transport;

~~(1) At least one attendant shall be an emergency medical technician.~~

~~(2) One of the following shall be in the patient compartment during patient transport:~~

~~(A)~~(1) an emergency medical technician;

~~(B)~~(2) an emergency medical technician intermediate;

~~(C)~~(3) an emergency medical technician defibrillator;

~~(D)~~(4) a mobile intensive care technician;

~~(E)~~(5) a physician;

~~(F)~~(6) a registered physicians assistant; or

~~(G)~~(7) a licensed professional nurse.

(c) Each PTS service operator shall staff each ambulance with at least one attendant. In addition, one of the following medically trained personnel

shall provide patient care appropriate to the patient condition in the patient compartment during patient transport;

(1) emergency medical technician or above;

(2) a mobile intensive care technician;

(3) a physician;

(4) a registered physician's assistant; or

(5) a licensed professional nurse.

~~Each type V service operator shall staff each type V ambulance with a driver or pilot and at least two medically trained persons, one of whom shall be a physician, or a licensed professional nurse. Additional staffing shall be commensurate with the patients care needs as determined by the services medical advisor or as described in the services medical protocols. The medical personnel shall remain in the patient compartment during patient transport.~~

~~(d) At least one of the medical personnel on each type V ambulance shall have completed and be current in Advanced Cardiac Life Support (ACLS) as in effect on January 1, 1997 which is adopted herein by reference, or the equivalent, as approved by the board.~~

~~—(e) When performing neonatal or pediatric missions, at least one of the medical personnel on each type V ambulance shall have completed and be current in Pediatric Advanced Life Support (PALS) as in effect on~~

~~January 1, 1996 which is adopted herein by reference, or the equivalent as approved by the board.~~

~~—(f) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel on each type V ambulance shall have completed and be current in one of the following programs as in effect on~~

~~—(1) Advanced Trauma Life Support (ATLS)~~

~~—(2) Flight Nurse Advanced Trauma Course (FNATC)~~

~~—(3) Trauma Nurse Core Course (TNCC)~~

~~—(4) Pre-Hospital Trauma Life Support (PHTLS) or~~

~~—(5) an equivalent course as approved by the board. (Authorized by~~

~~K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 1995 Supp. 65-6110, 61-6128 and K.S.A. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997.)~~

109-2-8 Standards for ~~type I and II~~ ALS, BLS and PTS ambulance vehicles and equipment. (a) Each ambulance shall meet the vehicle and equipment standards that are applicable to that class of ambulance.

(b) The patient compartment size shall meet or exceed the following specifications:

(1) headroom: 60 inches; and

(2) length: 116 inches.

(c) Each ambulance shall have a heating and cooling system which is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.

(d) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.

(e) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors.

Interior light fixtures shall be recessed and shall not protrude more than 1 1/2 inches.

(f) Each ambulance shall have sufficient functioning ~~at least two 80 amp/hr batteries and a 165 amp alternator~~ alternator capacity to maintain charge. All conversion equipment shall have individual fusing which is separate from the chassis fuse system.

(g) Each ambulance shall have lights and sirens as required by K.S.A. 8-1720, and amendments thereto and K.S.A. 8-1738, and amendments thereto.

(h) Each ambulance shall have an exterior patient loading light over the door which shall be activated both manually by an inside switch and automatically when the door is opened.

(i) The operator shall mark each ambulance licensed by the board as follows:

(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance, and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(2) Any operator may use a decal or logo which identifies the ambulance service in place of lettering. The decal or logo shall not be

less than 10 inches in height, and in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(3) Any ambulance initially licensed by the board before January 1, 1995 which is identified either by letters or a logo on both sides of the ambulance shall be exempt from the minimum size requirements as indicated in paragraphs (1) and (2) of this subsection.

(j) Each ~~type I and type II~~ ALS and BLS ambulance shall have a two-way ~~radio~~ communications system which is readily accessible to both the attendant and the driver which is in compliance with K.A.R 109-2-5(a). ~~This system shall be capable of providing direct communications between dispatch and medical control at a hospital.~~

(k) An operator shall equip each ambulance as follows:

(1) a ~~an Halon or~~ annually inspected ABC fire extinguisher with at least five pounds of dry chemical, which shall be ~~placed in the driver compartment, and shall be easily accessible to the driver from an outside door; and~~

(2) a second annually inspected ~~fire extinguisher which is either a Halon fire extinguisher with at least five pounds of contents, or an ABC fire extinguisher with a minimum of five pounds of dry chemical. The~~ This fire

extinguisher shall be placed in the patient compartment or in an outside compartment and shall be easily accessible to an attendant;

(3) ~~one functional battery-operated hand lantern with a power source of at least six volts or two~~ portable functional flashlights or spotlight, each having a minimum of two C or D-cell battery capacity;

(4) one four or six-wheeled, all purpose, multi-level cot with an elevating head and at least two safety straps with locking mechanisms;

(5) one urinal;

(6) one bedpan;

(7) one emesis basin or convenience bag;

(8) one complete change of linen;

(9) two blankets;

(10) one waterproof cot cover;

(11) one pillow; and

(12) a no-smoking sign posted in the patient and driver compartments.

(l) The operator shall equip each ~~type-I~~ ALS and ~~type-II~~ BLS ambulance with the following internal medical systems:

(1) an oxygen system with at least two outlets located within the patient compartment and a minimum of 3,000 liters of storage capacity with a minimum of 500 pounds per square inch of pressure. The cylinder shall be in a compartment which is vented to the outside. The pressure gauge

and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and

(2) ~~an~~ a functioning on-board electrically-powered suction aspirator system: ~~with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury.~~ The unit shall be easily accessible ~~be~~ equipped with large bore, non-kinking suction tubing and a semi-rigid, non-metallic oropharyngeal suction tip;

(m) The operator shall equip each ~~type I~~ ALS and ~~type II~~ BLS ambulance with the following medical equipment:

(1) a portable oxygen unit of at least 300 liter storage capacity complete with yoke, pressure gauge, and flow meter and have a minimum of 500 pounds per square inch of pressure. The unit shall be readily accessible from inside the patient compartment;

(2) a functioning portable, self-contained battery or manual suction aspirator ~~with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury.~~ The unit shall be fitted with large bore, non-kinking suction tubing and a semi-rigid, non-metallic oropharyngeal suction tip;

(3) a hand-operated, adult bag-mask ventilation unit which shall be capable of use with the oxygen supply;

(4) a hand-operated, pediatric bag-mask ventilation unit which shall be capable of use with oxygen supply;

- (5) oxygen masks in adult and pediatric sizes;
 - (6) nasal cannulas in adult and pediatric sizes;
 - (7) oropharyngeal airways in adult, pediatric, and infant sizes;
 - (8) a blood pressure manometer with extra large, adult, and pediatric cuffs and a stethoscope;
 - (9) an obstetric kit with contents as described in the services medical protocols;
 - (10) sterile burn sheets;
 - (11) sterile large trauma dressings;
 - (12) assorted sterile gauze pads;
 - (13) occlusive gauze pads;
 - (14) soft roller, self-adhering type bandages;
 - (15) adhesive tape at least one inch wide;
 - (16) bandage shears;
 - (17) one liter of sterile water, currently dated;
 - (18) one liter of sterile saline, currently dated; and
 - ~~(19) a bite stick; and~~
 - ~~(20)~~ (19) oral glucose or an equivalent high sugar substance.
- (n) The operator shall equip each ~~type-I~~ ALS and ~~type-II~~ BLS ambulance with the following patient-handling and splinting equipment:
- (1) a long ~~spine~~ spinal immobilization device board, complete with accessories;

(2) a short ~~spine~~ spinal immobilization device board, complete with accessories;

(3) a set of extremity splints including one arm and one leg splint in adult and pediatric sizes;

(4) a set of rigid cervical collars in adult and pediatric ~~small, medium, and large~~ sizes;

(5) foam wedges or other devices which serve to stabilize the head, neck, and back as one unit; and

(6) patient disaster tags.

(o) Each operator shall ~~demonstrate to the satisfaction of the administrator that the ambulance service~~ either ~~provides~~ provide vehicle extrication and rescue services or documentation that a fully equipped rescue vehicle or rescue service which provides the same services is immediately available to the operator.

(p) The operator shall equip each ~~type-I~~ ALS and ~~type-II~~ BLS ambulance with the following blood-borne and body fluid pathogen protection equipment:

(1) ~~latex or vinyl~~ non-latex gloves;

(2) two sets of protective goggles or two chin-length clear face shields;

(3) filtering masks which cover the mouth and nose that are at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter;

- (4) two non-permeable, full length, long sleeve protective gowns;
 - (5) a leak-proof, rigid container clearly marked as contaminated products for the disposal of sharp objects; and
 - (6) a leak-proof, closeable container for soiled linen and supplies.
- (q) The operator shall equip each ~~type-I~~ ALS ambulance with the following equipment:
- (1) a monitor/defibrillator;
 - (2) a drug supply as listed in the service's medical protocols;
 - (3) ~~macro-drip and micro-drip~~ intravenous administration sets according to medical protocol;
 - (4) IV solutions in plastic bags or plastic bottles as listed in the service's medical protocols;
 - (5) assorted syringes and ~~14-22 gauge~~ needles necessary to meet the requirements of medical protocols;
 - (6) endotracheal tubes in adult, child, and infant sizes; and
 - (7) a laryngoscope with adult and pediatric blades.
- (r) Each ~~type-I~~ ALS and ~~type-II~~ BLS ambulance service operator shall develop a list of supplies and equipment which is carried on each ambulance. This list shall include the supplies and equipment required by the board for the vehicle license type, and any additional supplies or equipment necessary to carry out the patient care activities as indicated in

the services medical protocols in accordance with K.S.A. 65- 6112 and amendments thereto.

~~(1) Each operator shall receive annual written approval by the emergency committee of the county medical society for the list of supplies and equipment carried on each ambulance.~~

~~—(2) In those counties where there is no emergency committee of the medical society, the operator shall receive annual written approval for the list of supplies and equipment carried on each ambulance by the medical staff of the hospital to which the ambulance service primarily transports patients.~~

~~(3)~~ (s) Each operator shall submit the list of supplies and equipment carried on each ambulance to the board each year with the operator's application for an ambulance service permit.

~~(s)~~ (t) If an operators medical protocols or equipment list are amended, a copy of these changes shall be submitted to the board by the service operator with a letter of approval as indicated in subsection (r) of this regulation within 15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator need not be reported to the board by an operator. (Authorized by ~~and implementing~~ K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 65-6110, 65-6112 and 65-6128; effective May 1, 1985; amended, T-88-24, July 15,

1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997.)

Proposed for Review